This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

Ultrasoun	d OR <	12 weeks	(ORless12)
UHITASOHII	u vn <	. IZ WEEKS	(UBiessiz)

PATIENT NAME:			M	R#:				
DATE:	TEC	MR#: TECH INITIAL:EXT#:						
F	FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH							
CLINICAL INDICATION	(check all that apply	y):						
[] Vaginal Bleeding [] Nesize/dating [] Other:			[] History of 1	miscarriage	[] Gestational			
<b>COMPARISON</b> (select one	e):							
[] No prior ultrasound. LM	P of/	givesv	weeksday	s, EDD by LN	MP			
Clinically Establishe	d:ay (using clinically es d EDD incorporating	 stablished EDE the 1 <sup>st</sup> US*:			l= +/-14 days; 27w1d-term=			
TECHNIQUE (Select all the [ ] Transabdominal [ ] En		slabial [] Du	plex/Doppler	[ ] 3-Dimen	sional			
FINDINGS (Select approp	riate):							
<u>Uterus</u> : [] Normal Myomet	rium; No fibroids seer	n. [] Abnorma	ıl; Add Dictatio	on for:				
Maternal Adnexa: [] No co	oncerning masses or fi	ree fluid [] A	Abnormal; Add	Dictation for	:			
[] Embryo (<11wks) (or) [] Present; CRL measureme [] Not Present [] ADD D	nt ofmm giv	reswks	days +/	/days.				
Cardiac Activity: [] Present; Fetal Heart Rate isbpm. [] N/A (No fetal pole present) [] Not Present; No Fetal Heart motion detected. [] Add dictation for:								
Somatic Motion: [ ] Seen [ ] N/A (N	[] Too early to detect o fetal pole present)	t [] Add dict	tation for:					
Placenta: [] Appears to be a [] N/A (No gestational sa	•	posteriorly)	[] It is too earl	y to determin	e placenta localization.			
Amniotic Fluid Volume: [ ] ADD DICTATION for: _	•		gestational sac	visualized)				
Yolk Sac: [] Seen [] Not	seen [] Abnorma	ally large in size	e (greater than	6mm)				
Gestational Sac: [] Normal [] No embryo/fetus seen witweeksdays + [] No intrauterine sac identi	hin. Mean sac diamet /days.	er ofm	m correlates w	ith a gestatior	nal age of			

This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind. PATIENT NAME: **Subchorionic Layer**: [ ] No subchorionic hemorrhage identified. ADD DICTATION for:\_\_\_\_\_ <u>IMPRESSION:</u> (Choose One) Preliminary findings/impression subject to radiologist review. [] No prior Ultrasound performed. Single, live intrauterine pregnancy with an averaged ultrasound age, based on today's exam, of \_\_\_\_\_weeks \_\_\_\_days\*, EDD \_\_\_/\_\_\_. Fetal survey not performed. First trimester genetic screening and/or a complete fetal anatomical survey in the 18-22 week range could be requested if felt necessary. (\*The standard deviation is based on the clinically established EDD using ACOG guidelines.) [] Single, live intrauterine pregnancy with an extrapolated gestational age, based on the clinically established EDD, giving \_\_\_\_\_weeks\_\_\_\_days\*, EDD \_\_\_\_/\_\_\_. Fetal growth is appropriate. Fetal survey not performed. First trimester genetic screening and/or a complete fetal anatomical survey in the 18-22 week range could be requested if felt necessary. (\*The standard deviation is based on the clinically established EDD using ACOG guidelines.) [] Single intrauterine gestational sac of \_\_\_\_\_ mm is identified correlating with a gestational age of \_\_\_\_\_ weeks \_\_\_\_\_days. Visualization of a yolk sac, but no fetal pole is identified on today's exam. Recommend clinical correlation with serial quantitative beta HCG labs, and follow up ultrasound, if felt necessary. [] Single intrauterine gestational sac of \_\_\_\_\_ mm is identified correlating with a gestational age of \_\_\_\_\_ weeks days. No evidence of fetal pole or yolk sac identified today. A pseudo gestational sac related to ectopic pregnancy cannot be excluded. Recommend clinical correlation with serial quantitative beta HCG labs, and follow up ultrasound, if felt necessary. [] No evidence to suggest intrauterine pregnancy on today's exam. The usual differential includes: Early pregnancy that is less than 5 weeks Spontaneous abortion Ectopic pregnancy Recommend clinical correlation with serial quantitative beta HCG labs, and follow up ultrasound, if felt necessary. [ ] ADD DICTATION (\*SEE TECH COMMENTS\*) \* (TECHNOLOGIST NOTES; DO NOT TRANSCRIBE)

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